

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90076 032 ****61.25

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1. Entity Name

GREATER ORLANDO ORCHID SOCIETY INC.



Principal Place of Business

4143 EDGEWATER DRIVE
ORLANDO FL 32804

Mailing Address

4143 EDGEWATER DRIVE
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3327753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYER, CAROL
1164 GALAHAD DRIVE
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carol Meyer

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

1/23/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME PRINCE, DONALD ☐ Delete
STREET ADDRESS 4143 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804

TITLE DBM
NAME MOSS, DIANA J ☐ Delete
STREET ADDRESS 5858 COVE DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE D
NAME CLARK, JIM ☐ Delete
STREET ADDRESS 111 N. SHIRLEY AVE.
CITY-ST-ZIP SANFORD FL 32771

TITLE DBM
NAME MEYER, CAROL ☐ Delete
STREET ADDRESS 1164 GALAHAD DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE PP
NAME PRINCE, JOY ☐ Delete
STREET ADDRESS 4143 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804

TITLE S
NAME SMITH, ELLEN B ☐ Delete
STREET ADDRESS 1612 NEW AMSTERDAM WAY
CITY-ST-ZIP ORLANDO FL 32818

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME PRINCE, JOY
STREET ADDRESS 4143 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PP ☒ Change ☐ Addition
NAME PRINCE, DONALD
STREET ADDRESS 4143 EDGEWATER DR
CITY-ST-ZIP ORLANDO, FL 32804

TITLE S ☒ Change ☐ Addition
NAME JACKOWSKI, PATRICIA
STREET ADDRESS 2739 BASS LAKE BLVD
CITY-ST-ZIP ORLANDO, FL 32806

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Meyer

1/23/06